



**CITY OF MIDLAND
PARKS AND RECREATION DEPARTMENT
DROP-IN SUPERVISED ADULT DISABILITIES PROGRAM**

L.E.A.P ACTIVITY REGISTRATION FORM

Participant's Name: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Email Address: _____

Participant's Date of Birth: _____ Age: _____ School & Grade: _____

What is your disability? _____

What can we do better to accommodate you? _____

Allergies, medical conditions or special needs: _____

In case of emergency contact: #1: _____

#2: _____

As the parent/guardian of _____ I hereby consent to his/her participation in the City of Midland Drop-In Supervised Adult Disabilities Program. I hereby agree and understand the rules and regulations of the program as provided and acknowledge receipt of same. I give permission for the City of Midland to use in any and all publications (including media), pictures or video taken while participating in LEAP activities.

Date: _____ Parent/Guardian: _____

(Signature)

Would you like to receive our Parks and Recreation Newsletter and other related information? If so, please check the box below, giving us permission to use your e-mail address to send you the Parks and Recreation Newsletter.

- ☐ Yes, I give you permission to send me the Parks and Recreation Newsletter
☐ No, please do not sign me up for the Parks and Recreation Newsletter



**PARKS AND RECREATION DEPARTMENT
DROP-IN SUPERVISED ADULT DISABILITIES PROGRAM**

RULES AND REGULATIONS

Mission Statement: The Drop-In Supervised Adult Disabilities Program is dedicated to providing an enriching and enjoyable environment for participants ages 18 and older. This program will give the participants the opportunity to meet new friends, gain confidence and make lasting memories throughout the summer. We will continue to meet the participant's needs of an educational, yet fun summer program.

1. Each participant must provide a signed registration form prior to participating in the supervised activities.
2. It is understood that this is not a daycare program but a recreational City of Midland Parks and Recreation program.
3. That all participants should be on-site at the designated location and signed in at the start of each evening. Each participant is encouraged to stay for the duration of the activities in the evening on Mondays thru Thursdays.
4. Should a participant choose to leave during or between activities, staff will notify the parent/guardian by using the contact numbers provided on the registration form.
5. Should a situation occur where contact with the parent/guardian is needed, the contact numbers provided on the registration form will be used. If a medical emergency occurs, 911 will also be called in addition to the contact numbers provided.
6. That the parent/guardian will keep the program supervisor/leader informed of necessary information regarding the participant, such as medical, health or physical concerns.
7. That the supervisor/leader will not administer or supervise the participant's taking of any medications unless a separate written authorization is received and signed by the Director of Parks and Recreation, or his designee.
8. That the participant shall be picked up no later than 9:00 p.m. on Mondays thru Thursdays at the designated location. It is the parent/guardian's responsibility to arrange for all transportation of the participant.
9. That the City of Midland, its full time and part time employees, volunteers and officers are hereby indemnified for any loss, damage or injury to person or property or property loss as a result of participation in the City of Midland's Drop-In Supervised Adult Disabilities Program.
10. It is understood that activities of this program will include outside and inside physical activities, games, crafts and group play. By registering for this program the parent/guardian hereby acknowledges and understands the rules, regulations and requirements for participation and acknowledges that the participant is able to participate in this program.